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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*Att* This appln claims benefit of 60/273,092 03/02/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*Att (none)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/26/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

## ADDRESS

116

## TITLE

Uneven-counter-rotational coil based MRI RF coil array

FILING FEE RECEIVED 563	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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